

2007 FOR PROFIT CORPORATION REINSTATEMENT

11/3

FILED

08 JAN -7 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01182007 REIN-P CR2E098 (1/07)

DOCUMENT # P96000104100 1. Entity Name GAVIN, INC.					
Principal Place of Business 190 N WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714			Mailing Address 1220 INDUSTRIAL AVE HIAWATHA, IA 52233		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3424500	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INCRP SERVICES INC 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Sarah Wilson on behalf of Incorp Services, Inc.</i></u> 11/21/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAVIN, JOHN 190 N WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDERICKSON, DAVID 190 N WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
9/26/07			(319) 366-7661		

BRADLEY & RILEY PC

Division of Corporations
January 2, 2008
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Please process the reinstatement and return the file-stamped copy in the envelope provided.
Please contact me at (319) 861-8740 if you have any questions. Thank you very much.

Very truly yours,

BRADLEY & RILEY PC



Kelley R. DeSbosa
Paralegal

Enclosures